



**WILSHIRE BOULEVARD TEMPLE
APPLICATION FOR EMPLOYMENT**

Date: _____

Name in Full _____
(Please Print)

Present Address: _____ Telephone () _____

City/State/Zip Code: _____

Position Applied For: _____ Referral Source: _____

Is there any function of the job for which you are applying which you are unable to perform with or without reasonable accommodation? ___Yes ___ No. **If Yes**, please identify that function (if you are not sure of the functions of the job for which you are applying, please request a job description listing them): _____

Have you previously been employed by this Organization? Dates of Employment: From: _____ To: _____

If employed in the position for which you have applied, would you be in a supervisory or subordinate relationship to any relative or member of your household? _____

In case of an accident or any emergency, notify _____ Telephone () _____
Address _____ City _____ State _____ Zip _____

Name/Location *All degrees will be verified (if university is out of town, please furnish telephone number including area code).	No. of Years	Course of Study	*Degrees	(Company Use Only) Verification		
				By	Contact	Date
High School:						
College/University: Location: Phone: ()						

Professional License	Type of License	Expiration Date	State of Issue

Subjects of special study and/or research work _____

Have you ever been convicted of, or pled guilty or nolo contendere to, any crime (felony or misdemeanor)? (Please exclude any misdemeanor conviction for possession of marijuana occurring more than two years ago, any referral to a pre-trial or post-trial diversion program, any misdemeanor conviction for which probation was completed and the case was dismissed, or any convictions that have been judicially ordered sealed, expunged, or statutorily eradicated.) Yes No

If Yes, please explain each conviction in detail and provide the date of each conviction. A conviction will not necessarily disqualify an applicant from employment. Each case will be considered on its own merit(s).

Are any criminal charges (felony or misdemeanor) currently pending against you? Yes No If Yes, please explain each charge in detail. (Pending charges will not necessarily disqualify an applicant from employment.) Please list:

WORK EXPERIENCE: BEGINNING WITH YOUR MOST RECENT POSITION, PLEASE FULLY ACCOUNT FOR ALL TIME, INCLUDING PERIODS OF UNEMPLOYMENT AND ANY PRIOR EMPLOYMENT BY THIS COMPANY WHETHER THE POSITION WAS FULL TIME, PART-TIME. PLEASE SUBMIT YOUR RESUME AND/OR ADDITIONAL SHEETS OF PAPER AS NECESSARY AND ATTACH TO APPLICATION.

Last/Present Employer	Next To Last Employer	Third to Last Employer
Street Address _____ City _____ State _____ Zip _____	Street Address _____ City _____ State _____ Zip _____	Street Address _____ City _____ State _____ Zip _____
Supervisor's Name _____ May we contact them? _____ If so, telephone _____	Supervisor's Name _____ May we contact them? _____ If so, telephone _____	Supervisor's Name _____ May we contact them? _____ If so, telephone _____
Dates Employed From _____ To _____	Dates Employed From _____ To _____	Dates Employed From _____ To _____
Your Title and Duties: Paid <input type="checkbox"/> Yes <input type="checkbox"/> No FT <input type="checkbox"/> PT <input type="checkbox"/> Title: _____ Duties: _____ _____ _____	Your Title and Duties: Paid <input type="checkbox"/> Yes <input type="checkbox"/> No FT <input type="checkbox"/> PT <input type="checkbox"/> Title: _____ Duties: _____ _____ _____	Your Title and Duties: Paid <input type="checkbox"/> Yes <input type="checkbox"/> No FT <input type="checkbox"/> PT <input type="checkbox"/> Title: _____ Duties: _____ _____ _____
Your Salary _____	Your Salary _____	Your Salary _____
Reason for leaving _____ _____	Reason for leaving _____ _____	Reason for Leaving _____ _____
May we check references with your current employer? Yes <input type="checkbox"/> No <input type="checkbox"/> Indicate three persons who have supervised your work whom we have your permission to contact immediately.		
Company Use Only Verified by: _____ Date: _____ Contact: _____	Company Use Only Verified by: _____ Date: _____ Contact: _____	Company Use Only Verified by: _____ Date: _____ Contact: _____

